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PATENT APPLICATION
Docket No. 15636.11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
	Graham D. Wall)
Serial No.:	10/674,846) Art Unit
) 2856
Filed:	September 29, 2003)
)
Conf. No.:	5327)
)
For:	METHOD FOR AN ENTROPY FILTER ECHO)
	PROCESSING IN TIME-OF-FLIGHT OR)
	LEVEL MEASUREMENT SYSTEMS)
)
Examiner:	Saint Surin, Jacques M.)
)
Customer No.:	022913)

RESPONSE

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action of December 16, 2004 (paper no. 3), please amend the above-identified application as follows:

The listing of claims begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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1000 Eagle Gate Tower
60 East South Temple
Salt Lake City, Utah 84111
Phone: (801) 533-9800
Fax: (801) 328-1707

FAX TRANSMISSION COVER SHEET

Date: March 15, 2005
To: Examiner Saint Surin, Jacques M.
United States Patent & Trademark Office
Fax: (703) 872-9306
Phone:
From: R. Burns Israelson
Re: Serial No. 10/674,846
Filing Date: 09/29/2003
Docket No.: 15636.11

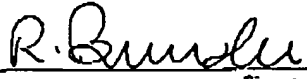
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Comments:

Please see attached.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 15636.11	
Applicant(s): Graham D. Wall					
Application No. 10/674,846	Filing Date 09/29/2003	Examiner Saint Surin, Jacques M.	Customer No. 022913	Group Art Unit 2856	Confirmation No. 5327
Invention: METHOD FOR AN ENTROPY FILTER ECHO PROCESSING IN TIME-OF-FLIGHT OR LEVEL MEASUREMENT SYSTEMS					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	21 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: March 15, 2005		
R. BURNS ISRAELSEN Attorney for Applicant Registration No. 42,685			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					